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|---|------------------------|------------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/767,330-Conf. #5218 |
|   | Filing Date            | January 30, 2004       |
|   | First Named Inventor   | Yoshihiko Nagamine     |
|   | Art Unit               | 2882                   |
|   | Examiner Name          | T. R. Artman           |
| Total Number of Pages in This Submission  | Attorney Docket Number | K2020.0002/P002        |

| ENCLOSURES (Check all that apply)  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Amendment/Reply<br><br><input checked="" type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____<br><br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><i>Credit Card Payment Form</i> |
| Remarks  |   |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |          |                      |
|--|--|----------|----------------------|
| Firm Name                                  | DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP |          |                      |
| Signature                                  | <i>David Beck</i>                      |          |                      |
| Printed name                               | Mark J. Thronson <i>David Beck</i>     |          |                      |
| Date                                       | April 24, 2006                         | Reg. No. | 33,082 <i>54,985</i> |

**AMENDMENT TRANSMITTAL LETTER**Docket No.  
K2020.0002/P002Application No.  
10/767,330-Conf. #5218Filing Date  
January 30, 2004Examiner  
T. R. ArtmanArt Unit  
2882

Applicant(s): Yoshihiko Nagamine

Invention: PATIENT POSITIONING DEVICE AND PATIENT POSITIONING METHOD

**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

| CLAIMS AS AMENDED  |   |   |                                   |          |               |
|--|---|---|-----------------------------------|----------|---------------|
|  | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate     |               |
| Total Claims   | 21  | - 22 =                                  | 0                                 | X 50.00  | 0.00          |
| Independent<br>Claims  | 7   | - 8 =                                   | 0                                 | X 200.00 | 0.00          |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |   |   |                                   |          | 0.00          |
| Other fee (please specify): EXTENSION OF TIME PETITION (1 MONTH)         |   |   |                                   |          | 120.00        |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>                          |   |   |                                   |          | <b>120.00</b> |

☒ Large Entity☐ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. 04-1073 in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-1073  
as described below. A duplicate copy of this sheet is enclosed.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

*David T. Beck*  
Mark J. Thronson *David T. Beck*  
Attorney/Agent Reg. No.: ~~33,082~~ *54,985*

Dated: April 24, 2006

DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP  
2101 L Street NW  
Washington, DC 20037-1526  
(202) 775-4742